10/28/2016 16 : 48

PAGE 1/2

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

(a) Name of Individual, Organization or Corporation	7		
Outfront Media LLC			
(b) Address (number and street) check if different than previously reported 1731 Workman Street			
(c) City, State and ZIP Code	3. FEC Identification Number		
Los Angeles CA 90031	3. FEC Identification Number		
Occupation and Name of Employer (for Individual Filers Only)	C C90016817		
4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report January 31 Year-End Report b) Is this Report an amendment? No Yes, it amends the report filed on THROUGH THROUGH THROUGH			
6. TOTAL INDEPENDENT EXPENDITURES	.00		
7. TOTAL INDEPENDENT EXPENDITURES	8000.00		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.			
TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE [Elec	DATE ctronically Filed]		
Fox, Tim, , ,	10/27/2016		
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.			

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE	2	OF	2
FOR LI	NE 7	OF FOI	RM 5

NAME OF FILER (In Full) **Outfront Media LLC** Full Name (Last, First, Middle Initial) of Payee Date of Public Distribution/Dissemination Outfront Media LLC 10 26 2016 Mailing Address 1731 Workman Street Amount Zip Code City State 8000.00 Los Angeles CA 90031 Transaction ID: F57.000001 Purpose of Expenditure CA Office Sought: ✗ House Category/ State: 004 Billboards Type Senate 44 District: President Name of Federal Candidate Supported or Opposed by Expenditure: Hall, Isadore, . . Check One: Support Oppose Disbursement For: 2016 ✗ General Primary Calendar Year-To-Date Per Election 8000.00 Other (specify) for Office Sought Full Name (Last, First, Middle Initial) of Payee Date of Public Distribution/Dissemination Mailing Address Amount City State Zip Code Purpose of Expenditure Office Sought: House Category/ State: Type Senate District: _ President Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Support Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date of Public Distribution/Dissemination Mailing Address Amount City State Zip Code Purpose of Expenditure Office Sought: House Category/ State: Type Senate District: _ President Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Oppose Support Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 8000.00 (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... 8000.00 (carry total from last page forward to Line 7)